

SERIAL NO.
10/088007

PILING DATE

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4	/		/		/	
5		/		/		/
6		2		/		/
7		2		/		/
8		2		/		/
9		2		/		/
10		2		/		/
11		2		/		/
12		2		/		/
13		2		/		/
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18		2		/		/
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TOTAL IND.	2		3		4	
TOTAL DEP.	22	22	22	22	22	26
TOTAL CLAIMS	24	25	25	26	26	26

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IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS